

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18534

State File No.

Registrar's No.

FILED JUN 11 1943

Registration District No. 2-19

Primary Registration District No. 5846

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Rural (Lincoln Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: most of life (Specify whether years, months or days)
In this community: most of life
years, months or days

3. (a) PRINT FULL NAME: Georgia Ann Bowman
3. (b) If veteran, name war: No
3. (c) Social Security No: No
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Francis Marion Bowman
6. (c) Age of husband or wife if alive: March 18 1854 years
7. Birth date of deceased: March 18 1854 (Month) (Day) (Year)
8. AGE: Years 89 Months 2 Days 3 If less than one day hr. min.
9. Birthplace: Maryville Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Mathew W. Graham
12. Name: Mathew W. Graham
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Emily House
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Elmer Castello
(b) Address: Elmo Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation: High Prairie Cemetery
18. (a) Signature of funeral director: Prine Funeral Home
(b) Address: Maryville, Mo.
19. (a) May 24 1943 (Date received local registrar) (b) Wm. H. B. Baskin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Elmo (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 miles east (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: /

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21 year 1943 hour 11:45 minute P M.
21. I hereby certify that I attended the deceased from 5-19 1943 to 6-21 1943
that I last saw him alive on May 21 1943
and that death occurred on the date and hour stated above.
Immediate cause of death: Myocardial failure Duration 1 day
Due to: Coronary occlusion, partial heart-block, 3 day
Due to: /
Other conditions: Serious
(Include, beginning within 3 months of death)
Major findings: Arteriosclerosis
Of operations: g. f. a.
Of autopsy: /
PHYSICIAN: /
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) /
(b) Date of occurrence: /
(c) Where did injury occur? (City or town) (County) (State) /
(d) Did injury occur in or about home, on farm, in industrial place, in public place? /
While at work: / (Specify type of place) Means of injury: /
23. Signature: Wm. H. B. Baskin (M. D. or other) W. H. B.
Address: Elmo - Mo. Date signed 5/23/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clara M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Mayville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.